

A Participant (*youth participants are not required to complete the email and phone numbers within box A*)

Name: _____

Birth Date: _____ Age: _____ Gender: ☐ Male ☐ Female

Mailing Address: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

**Waiver/Registration Form**

Aquatic Division Office

400 Deep Eddy Avenue

Austin, Texas 78703

Phone: (512) 974-9332 Fax: (512) 974-9344

Waiver Directions: Please print legibly in ink, or complete electronically

Adult Participants should fully complete boxes A, B & E.

Guardians of Youth Participants should fully complete boxes A, B, C, D & E.

Aquatic Participants should not complete box D.**B Primary Guardian/Emergency Contact** (Authorized to update waiver? ☐ Yes ☐ No)

Name: _____

Mailing Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

C Secondary Guardian/Emergency Contact (Authorized to update waiver? ☐ Yes ☐ No)

Name: _____

Mailing Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

D Emergency & Non-Custodial Release Contacts Other Than Guardians (Please list contact persons in order of priority)

Please Initial: _____

Name	Home Phone	Work Phone	Cell Phone	Relationship to Child	Authorized to pick up Child?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

E Medical Care Information and Other Information1. Any known allergies to food/drugs, insect stings, poison ivy/other plants, etc.? ☐ Yes ☐ No

If so, please specify: _____

2. Any known existing illnesses? ☐ Yes ☐ No

If so, please specify: _____

3. Please list any physical condition that could restrict activities or have a need requiring special care in order to participate in program/activity. _____

For Youth and Children Participants OnlyDoes participant require prescription medication during program hours? **Note:** Program must exceed 1 hour. ☐ Yes ☐ No **If so, please complete a Medication Authorization form.****Image Release Waiver**

I, the undersigned, hereby consent to allow the use of photographs and video taken during this program and at our sites for promotional purposes in printed materials and on the City website. Photographs remain the property of the City of Austin Parks and Recreation Department. If I choose not to allow the use of photographs or video for the purpose stated above, I will indicate so with my initials in the space provided. _____

Accessibility Accommodation Request

The City of Austin proudly complies with the Americans with Disabilities Act. If you require assistance for participation in our programs or use of our facilities, please call (512) 974-3910.

Do you require accommodations? ☐ Yes ☐ No (Optional)**Standards of Care Notification**

Children's programs/activities supervised by the Parks and Recreation Department and requiring enrollment/registration in order to participate are not licensed by the state, but follow standards of care adopted in City of Austin Ordinance No. 20110324-060. Copies of the ordinance are available and posted at each site.

Release of Liability

Regarding permitted participation in registered class(es) or program(s), I, the undersigned, hereby release the City of Austin ("the City"), its employees and agents from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of the City, its agents or employees. This release shall have no effect with regard to damages caused by gross negligence on the part of the City. In the event the City or a volunteer provides transportation for the registered participant, this waiver and release shall extend to and release the City employee driver from any and all liability. Permission is given for any emergency medical treatment, operation or anesthesia which might become necessary. I agree to be responsible for the expense of medical treatment or service.

Signature: _____ Printed Name: _____ Date: _____

Participant's Name: _____

<p>Site Specific Questions</p> <p>Are you or your spouse a City of Austin employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you like to receive updates by email? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>T-Shirt Size, If applicable: <input type="checkbox"/> Youth XS <input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L</p> <p><input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Other: _____</p> <p>What school does your child attend? _____</p> <p>Are you interested in becoming a volunteer coach? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If applicable, Volunteer Coach T-shirt Size: _____</p>	<p>Method of Payment (payment required at time of registration)</p> <p><input type="checkbox"/> Cash (please bring exact amount) <input type="checkbox"/> Check (make payable to City of Austin-PARD) <input type="checkbox"/> Credit Card (complete info below)</p> <p>Credit Card Number: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Expiration Date: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Card Verification Code: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Card Holder's Name (as it appears on the card): _____</p> <p>Billing Address (if different from mailing address): _____</p> <p>Cardholder Signature: _____ Date: _____</p> <p>Youth Program Only Parents may select the auto-payment plan, which authorizes our office to automatically charge your credit card on the program payment due date.</p> <p><input type="checkbox"/> Auto-Payment Authorization _____ (today's date) <input type="checkbox"/> Auto-Payment Cancellation _____ (today's date)</p>
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Registration Function Class/Camp/Activity Title	Times AM/PM?	Class Dates	Class Fee	Deposit	<i>Office Use Only</i> Amount Paid Today	Cash/Check Number/Credit Card ID & Authorization Receipt Number	Date/ Time Staff Initials
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		

SWIM LESSONS/WATER FITNESS/ADULT SWIM TEAM (only complete for Aquatic Program Registration)

First Choice	Session		Pool		Level		Time		Dates		Fees	\$
Second Choice	Session		Pool		Level		Time		Dates		Fees	\$
Third Choice	Session		Pool		Level		Time		Dates		Fees	\$
Fourth Choice	Session		Pool		Level		Time		Dates		Fees	\$

REFUND POLICY: Refunds policies are program specific. Please refer to the policy of the program for which you are registering.